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Bib Data Sheet

CONFIRMATION NO. 4909

SERIAL NUMBER 09/610,719	FILING DATE 07/06/2000  RULE	CLASS 348	GROUP ART UNIT 2614	ATTORNEY DOCKET NO. <del>PHD 99,090</del> <i>BTSPH090910</i>
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## APPLICANTS

Roman Boll, Reinheim, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\*

*none ml*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 19931202.8 07/07/1999

*yes ml*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/07/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature <i>ml</i> Initials				

## ADDRESS

Thomson Multimedia Licensing Inc.  
Patent Operations  
P O Box 5312  
Princeton, NJ  
08543-5312

## TITLE

Modular control panel for video apparatus

FILING FEE  RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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NUMBER 10,719	FILING DATE 07/06/2000 RULE	CLASS 370	GROUP ART UNIT 2731	ATTORNEY DOCKET NO. PHD 99,090
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**APPLICANTS**  
Roman Boll, Reinheim, GERMANY;

**\*\* CONTINUING DATA \*\*\*\*\*** *none*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *yes*  
GERMANY 19931202.8 07/07/1999

**IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 09/07/2000**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
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Verified and Acknowledged  
Examiner's Signature: *[Signature]* Initials: *[Initials]*

**ADDRESS**  
U S Philips Corporation  
580 White Plains Road  
Tarrytown, NY 10591

**TITLE**  
Modular control panel for video apparatus

FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit